

# Application For Commercial Pesticide Applicator Exams

Please complete an application for each candidate by printing or typing the requested information and checking all the appropriate boxes. Mail the completed application to: **Board of Pesticides Control, 28 State House Station, Augusta, ME 04333-0028**

Name		Social Security #	
Home Address		Home Phone #	
City State Zip		Business Phone #	
Company/Agency			
Business Address			
City State Zip			

## Type of Applicator

Industrial/Business	Governmental
<input type="checkbox"/> Custom Applicator (For Hire)	<input type="checkbox"/> Federal
<input type="checkbox"/> Not For Hire (Apply to Company Areas Only)	<input type="checkbox"/> State
	<input type="checkbox"/> University
	<input type="checkbox"/> Municipal

### Exams Desired:

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Master Oral               | <input type="checkbox"/> Forest General     | <input type="checkbox"/> Ind./Comm./Municipal    | <input type="checkbox"/> Termites                   |
| <input type="checkbox"/> Master Regulation         | <input type="checkbox"/> Forest Veg. Mgmt.  | <input type="checkbox"/> Structural General      | <input type="checkbox"/> Public Health/Biting Fly** |
| <input type="checkbox"/> Core                      | <input type="checkbox"/> Outdoor Ornamental | <input type="checkbox"/> Food Proc. & Fumigation | <input type="checkbox"/> Public Health/Other**      |
| <input type="checkbox"/> Agric. Animal             | <input type="checkbox"/> Turf               | <input type="checkbox"/> Disinfectant & Biocide  | <input type="checkbox"/> Regulatory**               |
| <input type="checkbox"/> Household Pets*           | <input type="checkbox"/> Indoor Ornamental  | <input type="checkbox"/> Pressure Treating       | <input type="checkbox"/> Demo. & Research***        |
| <input type="checkbox"/> Agricultural Plant        | <input type="checkbox"/> Seed Treatment     | <input type="checkbox"/> Sapstain/Bluestain      | <input type="checkbox"/> Aerial***                  |
| <input type="checkbox"/> Ltd. Commercial Blueberry | <input type="checkbox"/> Aquatic            | <input type="checkbox"/> Remedial Treatment      |   |
| <input type="checkbox"/> Chemigation               | <input type="checkbox"/> Utility R-O-W      | <input type="checkbox"/> General Wood Treatment  |   |
| <input type="checkbox"/> Agric. Fumigation         | <input type="checkbox"/> Roadside R-O-W     | <input type="checkbox"/> Biting Fly & Tick       |   |
| <input type="checkbox"/> Post Harvest Treatment    | <input type="checkbox"/> Railroad R-O-W     | <input type="checkbox"/> Antifouling Paint*      |   |

\* These categories need only take one exam the core exam is not required.

\*\* These categories are only for government officials.

\*\*\* These categories do not stand alone. Applicants must also apply for categories they plan to make applications under.

**Fees:** Exam fees are \$10.00 per core or category exam. The Master oral and regulation exams are \$50.00 for the two combined. Failure to pass any exam requires a new application and fee to be submitted. *Government officials are exempt from all exam fees.*

Please make checks payable to "Treasurer, State of Maine".

Number of core and/or category exams checked x \$10.00 = \$\_\_\_\_\_ Master Exams= \$50.00

Total Fee Submitted \$\_\_\_\_\_

Appointment Date \_\_\_\_\_ Time \_\_\_\_\_

**Over**

<b>Exam Schedule:</b>	<b>Exam appointments are sent to all applicants after receipt of a complete application and appropriate fee. To avoid conflicts, please check morning or afternoon and indicate any dates that are either good or bad for you. We will do our best to accommodate your needs.</b>
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☐ Prefer Morning ☐ Prefer Afternoon

Dates preferred: \_\_\_\_\_ Dates to avoid: \_\_\_\_\_

If you are unable to appear at the scheduled time, please call (207)-287-2731 to request a new appointment. The Board's regulations require at least a 24 hour notice if you cannot make your appointment. Less than 24 hour notice results in loss of the exam fee and an additional \$15.00 re-application fee above and beyond the regular exam fees.

Study materials are available from The University of Maine Pest Management Office at 1-800-287-0279

<b>Master Level Education/Experience History</b>	<b>Please list your current or expected pesticide use responsibilities.</b>
	<b>Please describe any previous pesticide use employment.</b>
	<b>Please list any post secondary school programs completed.</b>

**Comments/Notes:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**For Board Use Only**

<b>Require Fee: \$</b> _____ <b>Fee Paid: \$</b> _____ <b>Check Number:</b> _____ <b>Check Date:</b> _____ <b>Check Amount: \$</b> _____	<b>License Number: C A</b> _____ <b>Certification Categories:</b> _____ _____ <b>Certification Expiration Date:</b> _____
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